

BASE BID SCHEDULE

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
1	01 57 00	Temporary Controls Including Traffic Maintenance and Control	LS	1	\$ XXXXX	950,000. ⁰⁰ \$ _____
2	01 58 00	Project Identification Sign and Signage	LS	1	\$ XXXXXX	\$ 30,000. ⁰⁰ \$ _____
3	01 71 13	Mobilization (Note: The amount for Mobilization shall not exceed ten percent (10%) of the total Base Bid Price See Contract Specifications Section 01 71 13)	LS	1	\$ XXXXXX	1,400,000. ⁰⁰ \$ _____
4	01 74 14	Cleaning and Station Detail Cleaning	LS	1	\$ XXXXXX	250,000. ⁰⁰ \$ _____
5	02 41 00	Demolition	LS	1	\$ XXXXXX	902,500. ⁰⁰ \$ _____
6	02 41 19	Selective Structure Demolition	LS	1	\$ XXXXXX	35,000. ⁰⁰ \$ _____
7	02 82 13	Asbestos Abatement	LS	1	\$ XXXXXX	30,000. ⁰⁰ \$ _____
8	02 83 19	Lead-Based Paint Abatement	LS	1	\$ XXXXXX	30,000. ⁰⁰ \$ _____
9	03 20 00	Concrete Reinforcing – Regular Bars	LB (F)	562,000	1. ¹⁰ \$ _____	618,200. ⁰⁰ \$ _____
10	03 20 00	Concrete Reinforcing – Headed Bars	LB (F)	96,000	2. ⁵⁰ \$ _____	240,000. ⁰⁰ \$ _____
11	03 20 00	Welded Wire Steel Fabric	SY (F)	860	30. ⁰⁰ \$ _____	25,800. ⁰⁰ \$ _____
12	03 30 00	Cast-in-Place Concrete (Foundation and Slab)	CY (F)	914	1,300. ⁰⁰ \$ 1,300. ⁰⁰	1,188,200. ⁰⁰ \$ _____
13	03 30 00	Cast-in-Place Concrete	CY (F)	923	1,200. ⁰⁰ \$ _____	1,107,600. ⁰⁰ \$ _____
14	03 30 00	High Strength Rods with Prestressing	LB (F)	23,100	15. ⁰⁰ \$ _____	346,500. ⁰⁰ \$ _____
15	03 30 00	High Strength Rods without Prestressing	LB (F)	14,000	12. ⁰⁰ \$ _____	168,000. ⁰⁰ \$ _____
16	03 30 00	Drill and Bond Dowels	LF (F)	50,400	11. ⁰⁰ \$ _____	554,400. ⁰⁰ \$ _____
17	03 30 00	Drill and Bond Dowels (Chemical Adhesive)	EA	5,730	40. ⁰⁰ \$ _____	229,200. ⁰⁰ \$ _____
18	03 30 00	Platform Girder Hold-down Assemblies (Including Galvanized HSS 3.000 X 0.250 Filled with Concrete and Bolster at Fruitvale Station)	EA	20	3,000. ⁰⁰ \$ _____	60,000. ⁰⁰ \$ _____

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
19	03 30 00	Platform Box Girder Shear Keys (Including 4" Diameter Steel Bar, 1/2" Steel Plate and 1/2" Bolt)	EA	40	\$ 4,000. ⁰⁰ \$ _____	\$ 160,000. ⁰⁰ \$ _____
20	03 70 00	Fiber Reinforced Polymer (FRP) Column Casings	LS	1	\$ XXXXXX	\$ 740,000. ⁰⁰ \$ _____
21	05 12 00	Structural Steel Framing	LB (F)	5,800	\$ 45. ⁰⁰ \$ _____	\$ 261,000. ⁰⁰ \$ _____
22	05 12 00	Escalator Truss Retrofit Assembly at Coliseum Station	LS	1	\$ XXXXXX	\$ 60,000. ⁰⁰ \$ _____
23	08 33 19 09 01 36 09 10 00 09 30 00 09 51 13 09 54 24 09 66 23 09 90 00 09 91 00	Architectural Work	LS	1	\$ XXXXXX	\$ 950,000. ⁰⁰ \$ _____
24	21 12 00	Fire Suppression Standpipe	LS	1	\$ XXXXXX	\$ 100,000. ⁰⁰ \$ _____
25	22 14 01	Plumbing Work	LS	1	\$ XXXXXX	\$ 30,000. ⁰⁰ \$ _____
26	20 50 13 20 70 26 26 00 00 26 05 24 26 05 26 26 50 00	Electrical Work	LS	1	\$ XXXXXX	\$ 240,000. ⁰⁰ \$ _____
27	20 70 23 27 30 01 27 31 17	Communications Work	LS	1	\$ XXXXXX	\$ 50,000. ⁰⁰ \$ _____
28	31 00 00	Structural Excavation	CY (F)	2,380	\$ 250. ⁰⁰ \$ _____	\$ 595,000. ⁰⁰ \$ _____
29	31 00 00 31 23 25	Structural Backfill	CY (F)	1,560	\$ 60. ⁰⁰ \$ _____	\$ 93,600. ⁰⁰ \$ _____
30	31 40 00	Shoring and Underpinning	LS	1	\$ XXXXXX	\$ 381,000. ⁰⁰ \$ _____
31	32 12 16	Asphalt Paving	SF (F)	6,400	\$ 20. ⁰⁰ \$ _____	\$ 128,000. ⁰⁰ \$ _____
32	32 13 13	Concrete Paving	SF (F)	2,600	\$ 40. ⁰⁰ \$ _____	\$ 104,000. ⁰⁰ \$ _____
33	32 16 21	Concrete Curbs, Gutters, and Walks	LS	1	\$ XXXXXX	\$ 170,000. ⁰⁰ \$ _____
34	32 31 13	Chain Link Fences and Gates	LS	1	\$ XXXXXX	\$ 200,000. ⁰⁰ \$ _____
35	33 05 25	Support and Protection of	LS	1	\$ XXXXXX	\$ 200,000. ⁰⁰ \$ _____

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
		Utilities				
36	01 20 00	Allowance for Partnering	Allow ance	1	\$ XXXXXX	\$30,000
37	01 20 00	Allowance for Operating System Access Delays	Allow ance	1	\$ XXXXXX	\$100,000
38	01 20 00	Allowance for UPRR Delays	Allow ance	1	\$ XXXXXX	\$40,000
39	01 20 00	Allowance for Differing Site Conditions	Allow ance	1	\$ XXXXXX	\$1,200,000
40	01 20 00	Allowance for Electronic Safety and Security Systems Including Fire Detection/Alarm and CCTV	Allow ance	1	\$ XXXXXX	\$40,000
41	01 20 00	Allowance for Temporary Signs Designated by the Engineer	Allow ance	1	\$ XXXXXX	\$20,000
42	01 20 00	Allowance for Planting Irrigation and Planting	Allow ance	1	\$ XXXXXX	\$100,000
43	01 20 00	Allowance for Unanticipated Work on Conveying Systems	Allow ance	1	\$ XXXXXX	\$20,000
44	01 20 00	Allowance for Relocation of Treasury Vault at Coliseum Station	Allow ance	1	\$ XXXXXX	\$20,000
TOTAL BID PRICE (ITEMS 1 THROUGH 44 INCLUSIVE)					\$ 14,190,000. ⁰⁰	

OPTION A BID SCHEDULE

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
45	03 20 00	Fruitvale Station Breakroom	LS	1	<u>\$ XXXXXX</u>	\$ _____
	03 30 00					
	05 40 00					
	06 41 00					
	07 42 13					
	07 54 00					
	07 84 00					
	07 90 00					
	08 11 00					
	08 71 00					
	09 22 00					
	09 29 00					
	09 65 19					
	09 91 00					
	11 31 00					
	20 10 13					
	20 20 13					
	20 70 26					
	21 13 13					
	22 11 01					
	22 13 01					
	22 40 00					
	23 81 00					
	26 05 24					
	26 05 26					
	26 24 24					
	26 50 00					
	33 05 28					

130,000.⁰⁰

OPTION B BID SCHEDULE

BID ITEM	SPEC SEC	DESCRIPTION	UNIT	EST QTY	UNIT PRICE	ITEM TOTAL
46	03 20 00	Coliseum Station Breakroom	LS	1	<u>\$ XXXXXX</u>	200,000. ⁰⁰ \$ _____
	03 30 00					
	05 30 00					
	05 40 00					
	06 41 00					
	07 21 11					
	07 22 00					
	07 42 14					
	07 60 00					
	07 61 13					
	07 90 00					
	08 11 00					
	08 71 00					
	09 22 00					
	09 29 00					
	09 65 19					
	09 91 00					
	10 28 24					
	10 40 00					
	11 31 00					
	20 40 13					
	22 40 00					
	23 05 93					
	23 09 00					
	23 23 00					
	23 31 00					
	23 34 00					
	23 81 00					
	26 05 17					
	26 50 00					
	33 31 00					

BASE BID + OPTION A + OPTION B

ITEM	DESCRIPTION	ITEM TOTAL
I	Total Base Bid (Item 1 through 44)	\$ 14,198,000. ⁰⁰
II	Total Option A (Item 45)	\$ 130,000. ⁰⁰
III	Total Option B (Item 46)	\$ 200,000. ⁰⁰
TOTAL BID PRICE (Total Base Bid plus Total Option A plus Total Option B)		\$ 14,528,000. ⁰⁰

The above item totals for all Bid Items for are submitted by the Bidder for the convenience of the District. In the event of discrepancy between the Bid unit price and the amount entered in the item total column, the Bid unit price shall govern. The District will calculate the total Bid Price based on the unit prices or lump sum prices bid, as applicable. In the event of a discrepancy between the District's calculations and the item totals for all Bid Items as submitted by the Bidder, the District's calculations shall govern.

The District reserves the right, in its sole discretion, to make no Award, or to make an Award to the lowest responsible Bidder.

FOR A BID TO BE CONSIDERED, ALL ITEMS MUST BE BID.

THE DISTRICT RESERVES THE RIGHT TO REJECT ANY AND ALL BIDS.

If this Bid shall be accepted and the undersigned shall fail to contract as aforesaid and to give the two bonds in the sums to be determined as specified, with surety satisfactory to the District or to comply with the District's insurance requirements within ten (10) Days after the Bidder has received notice from the District that the Contract has been awarded unless the District, in its discretion, allows additional time in writing for such submissions, the District may, at its option, determine that the Bidder has abandoned the Contract; thereupon this Bid and the acceptance thereof shall be null and void, and the forfeiture of such security accompanying this Bid shall occur and the same shall be the property of the District.

Accompanying this Bid is ⁽¹⁾ Bidder's Bond in an amount equal to at least 10 percent of the total Bid.

Receipt of the following attached addenda is hereby acknowledged:

Addenda numbers One, Two, Three, Four

The Bidder, Brosamer & Wall, Inc.

(name),

hereby certifies that:

(A) Bidder is aware of the provisions of Supplementary Conditions Article SC7.1 regarding the District's Disadvantaged Business Enterprise participation policy for the Contract and the requirements for submission of DBE information.

(B) Bidder has read the Contract Book, understands its requirements, including those for keeping records, and has asked for explanations of anything it did not understand.

(2) Bidder holds California Contractor's license No. 978808, Classification A, B. The license expiration date is 11/30/16. Bidder's current DIR Contractor's Registration Number is 1000007509. If the Bidder is a joint venture, list the California Contractor's license numbers, classifications and expiration dates and DIR Contractor's Registration Numbers for each joint venturer as follows:

(3)	Name of Joint Venturer	Contractor's License	Classification	Expiration Date	DIR Contractor's Registration
A.					
B.			-- Not Applicable --		
C.					

Failure to provide any joint venturer's information as required above may render the Bid non-responsive.

Bidder declares under penalty of perjury that the foregoing is true and correct.

Brosamer & Wall, Inc.

(4) Name of Bidder

(4) Signature of Bidder

(5) **Robert G. Brosamer, President**

(6) Print Name and Title of Person Signing

Dated May 17, 2016.

NOTES:

- (1) Insert the words "cash," "cashier's check," "certified check," or "Bidder's Bond," as the case may be.
- (2) If the Bidder is joint venture the Bidder may submit its valid State Contractor's license number, classification and expiration date with the Bid, but shall submit such information no later than 2:00 p.m. on Friday of the week following the date of Bid opening to the Contract Administrator at the address indicated in the Instructions to Bidders
- (3) If the joint venture consists of more than three joint ventures, add additional lines as needed.
- (4) If the Bidder is a joint venture, the name of the Bidder and the signature shall match the name of the joint venture and the signature as provided in the joint venture agreement and conform with the requirements in the Instructions to Bidders.
- (5) If the Bidder in its Bid furnished anything not called for by these Contract Documents (a cover letter, Bidder's own form, or a notation on the Bid Form not called for by this form, for example), the Bidder is cautioned that it runs the risk that it has submitted a Bid which does not conform to the District's Contract Documents, and therefore must be rejected.
- (6) Bids shall be presented under sealed cover as provided in the Instructions to Bidders.

DESIGNATION OF SUBCONTRACTORS AND DBEs FORM

All FIRST-TIER DBEs to be used must be listed on this form regardless of dollar value of each transaction.

To comply with the requirements of the California Subletting and Subcontracting Fair Practices Act (California Public Contract Code Section 4100 et seq.). Bidder shall list in Part I on this form the name and address of each Subcontractor to whom Bidder proposes to subcontract more than 1/2 of 1% of the Work, description of portion of work or services subcontracted, total dollar amount of the portions of the work or services subcontracted, whether the Subcontractor is a DBE, and the California contractor license number of the Subcontractor. An inadvertent error in listing a Subcontractor's California contractor license number may be corrected by Bidder within twenty four (24) hours after the Bid opening provided the corrected contractor license number corresponds to the submitted name and location for that Subcontractor. The above list of information shall be submitted with the Bid. Other information required in Part I herein may be submitted up to 24 hours after the designated time to submit the Bid. Bidder's attention is directed to General Conditions Article GC5.7.1.

In addition, in Part II of this form, list all first-tier DBEs not subject to the requirements of General Conditions Article GC5.7.1.

Pursuant to Section 1725.5 and Section 1771.1 of the State Labor Code, all Contractors and Subcontractors must be registered with the California Department of Industrial Relations (DIR) in order to be qualified to bid on this Contract or to be listed as a Subcontractor. An inadvertent error in listing a Subcontractor who is not registered pursuant to Section 1725.5 in a Bid, may be corrected by the Bidder within twenty four (24) hours after the Bid opening if the Subcontractor registers and pays the penalty registration fee described in Section 1725.5 of the State Labor Code. Alternatively, the Subcontractor may be replaced with a registered Subcontractor pursuant to Section 4107 of the Public Contract Code.

Identify Total Dollar Amount of Subcontracted Work or Services for Base Bid and for each Option Bid Items A and B as described in Paragraph 16.B of the Instructions to Bidders and as provided in the Column below.

Attach additional copies of this form if more space is needed and paginate the forms (i.e., Page ___ of ___)


Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>BAYLINE CUTTING & CORING, INC.</u> Address: <u>501 CESAR CHAVEZ ST STE 101B</u> <u>SAN FRANCISCO, CA 94124</u> California Contractor License No. <u>809660</u> DIR Contractor Registration No. <u>1000003185</u> Phone Number: <u>415.508.1200</u> Age of Firm: <u>25 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>7 MILLION</u>	DBE Certificate No: <u>21117</u>	<u>CORE & DRILL</u>	Base Bid <u>\$167,000.00</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>CAL-CON PUMPING, LLC</u> Address: <u>1 AVENUE OF THE PALMS STE 212</u> <u>SAN FRANCISCO, CA 94130</u> California Contractor License No. <u>962387</u> DIR Contractor Registration No. <u>1000013903</u> Phone Number: <u>415.401.9838</u> Age of Firm: <u>9 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< 5 million</u>	DBE Certificate No: <u>36919</u>	FURNISH CONCRETE AND CONCRETE PUMPING RD FURNISH PUMP AND PLACE CONCRETE	Base Bid <u>\$521,000.⁰⁰</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>ACR GLASS AND DOORS</u> Address: <u>8124 CAP WELL DRIVE</u> <u>OAKLAND, CA 94621</u> California Contractor License No. <u>956086</u> DIR Contractor Registration No. <u>1000005276</u> Phone Number: <u>510 430 2977</u> Age of Firm: <u>6 yrs</u> Annual Gross Receipts as of Last Tax Year: \$ <u>2.6 mil</u>	DBE Certificate No: <u>39834</u>	<u>GLAZING AND</u> <u>CURTAIN WALLS</u>	Base Bid <u>\$328,000.00</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>HILLSIDE DRILLING, INC</u> Address: <u>539 S. 11TH STREET</u> <u>RICHMOND CA 94804</u> California Contractor License No. <u>478991</u> DIR Contractor Registration No. <u>1000002589</u> Phone Number: <u>510.234.6532</u> Age of Firm: <u>49 yrs</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< 10 mil</u>	DBE Certificate No: <u>42042</u>	SHOALING 	Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>ROADWAY CONSTRUCTION INC</u> Address: <u>1 MARKET PLAZA SPEAR TOWER #3200</u> <u>SAN FRANCISCO, CA 94105</u> California Contractor License No. <u>960732</u> DIR Contractor Registration No. <u>14605</u> Phone Number: <u>925, 575, 1342</u> Age of Firm: <u>4 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< 5 MILLION</u>	DBE Certificate No: <u>38496</u>	<u>ASPHALT PAVING AND MINOR CONCRETE</u>	Base Bid <u>\$277,000.00</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>PRESIDIO BUILDERS</u> Address: <u>1325 EVANS AVE STE B</u> <u>SAN FRANCISCO, CA 94124</u> California Contractor License No. <u>936143</u> DIR Contractor Registration No. <u>-</u> Phone Number: <u>415 936 9546</u> Age of Firm: <u>7 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< 1 MILLION</u>	DBE Certificate No: <u>-</u>	BUILDING "BREAKROOMS"	Base Bid \$ <u>0</u> Option A \$ <u>68,000.⁰⁰</u> Option B \$ <u>126,000.⁰⁰</u>
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>INGRAM FIRE PROTECTION, INC.</u> Address: <u>3192 CAMPUS DR. #172</u> <u>SAN MATEO, CA 94403</u> California Contractor License No. <u>985475</u> DIR Contractor Registration No. <u>100003714</u> Phone Number: <u>415.699.2307</u> Age of Firm: <u>3 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>41 MILLION</u>	DBE Certificate No: _____	<u>FIRE SUPPRESSION</u>	Base Bid <u>\$114,200.⁰⁰</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: OLIVEIRA FENCE, INC. Address: 293 BROOKAW RD SANTA CLARA CA 95050 California Contractor License No. 404243 DIR Contractor Registration No. 1000003214 Phone Number: 408-727-3811 Age of Firm: 37 Y Annual Gross Receipts as of Last Tax Year: \$ 4.9 million	DBE Certificate No. _____ <div style="text-align: center;">RKB</div>	FENCE	Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: BORG FENCE Address: 50 CONTRACTOR ST. LIVERMORE CA 94551 California Contractor License No. 771763 DIR Contractor Registration No. 1000006791 Phone Number: 925 455 9620 Age of Firm: 18 YEARS Annual Gross Receipts as of Last Tax Year: \$ 5 million	DBE Certificate No. 91886	FENCE	Base Bid \$ 177,295.00 Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No. _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>FD THOMAS INC.</u> Address: <u>5301 ADELPHI ST.</u> <u>OAKLAND CA 94608</u> California Contractor License No. <u>610403</u> DIR Contractor Registration No. <u>1000000093</u> Phone Number: <u>415.292.1164</u> Age of Firm: <u>35 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>60,000,000</u>	DBE Certificate No: <u> </u>	<u>FRP CASING</u>	Base Bid <u>\$542,300.⁰⁰</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

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Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>LEADAN REINFORCING STEEL</u> Address: <u>1060 KAUFER RD</u> <u>NAPA CA 94558</u> California Contractor License No. <u>914202</u> DIR Contractor Registration No. <u>1000000435</u> Phone Number: <u>707 863 3933</u> Age of Firm: <u>115 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>7.15 MILLION</u>	DBE Certificate No: <u> </u>	<u>REBAR</u>	Base Bid <u>\$647,000.⁰⁰</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Attach additional copies of this form if more space is needed and paginate the forms (i.e., Page __ of __)

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
I. All first-tier Subcontractors (DBEs and Non DBEs) subject to the requirement of General Conditions Article GC5.7.1			
Name: <u>BLOCKA CONSTRUCTION, INC</u> Address: <u>4455 ENTERPRISE ST.</u> <u>FREMONT CA 94538</u> California Contractor License No. <u>679326</u> DIR Contractor Registration No. <u>1000000447</u> Phone Number: <u>510.657.3686</u> Age of Firm: <u>25 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>26 MILLION</u>	DBE Certificate No: _____	<u>ELECTRICAL AND COMMUNICATION</u>	Base Bid <u>\$274,000.⁰⁰</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ California Contractor License No. _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Name and Address	(Check if DBE) and Insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
II. All first-tier Subcontractors (other than those identified in III, IV, and V below), not subject to the requirement of General Conditions Article GC5.7.1			
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ _____ DIR Contractor Registration No. _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____ _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
III. All first-tier DBE Manufacturers (100% credit)			
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ _____ Address: _____ _____ _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
IV. All first-tier DBE SUPPLIERS: Regular Dealers (60% credit) See Supplementary Conditions Article SC7.1.3D.4. for definition of Regular Dealer.			
Name: <u>RUPEAT CONSTRUCTION SUPPLY</u> Address: <u>12405 GOLD FLINCE CT.</u> <u>RANCHO CORDOVA CA 95741</u> Phone Number: <u>925-229-5577</u> Age of Firm: <u>14 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>12 million</u>	DBE Certificate No: <u>CF-032785</u>	<u>SUPPLY STRUCTURAL</u> <u>MATERIALS (PARTIAL),</u> <u>HS ROADS, CROUT,</u> <u>EPOXY</u>	Base Bid <u>\$167,000.00</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

Name and Address	(Check if DBE) and insert DBE Cert. No.	Description of Portion of Work or Services Subcontracted	Total Dollar Amount of Subcontracted Work or Services
V. All other first-Tier DBE's: See Supplementary Conditions Article SC7.1.3D.5 for Available Credit			
Name: <u>S KWOK ENGINEERS, INC.</u> Address: <u>1815 CORNELL DRIVE</u> <u>ALAMEDA, CA 94501</u> Phone Number: <u>510.220.9017</u> Age of Firm: <u>8 YEARS</u> Annual Gross Receipts as of Last Tax Year: \$ <u>< \$500,000</u>	DBE Certificate No: <u>37060</u>	SWPPP AND QSP SUPPORT	Base Bid \$ <u>60,200.00</u> Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____
Name: _____ Address: _____ Phone Number: _____ Age of Firm: _____ Annual Gross Receipts as of Last Tax Year: \$ _____	DBE Certificate No: _____		Base Bid \$ _____ Option A \$ _____ Option B \$ _____

EXHIBIT 12-B
BIDDER'S LIST OF SUBCONTRACTORS
(DBE AND NON-DBE)

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Description of Portion of Work to be Performed	Local Agency Use DBE (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name BAYLINE CUTTING & CORING, INC. Address 501 CESAR CHAVEZ ST STE 101B City State ZIP SAN FRANCISCO CA 94124	Phone 415.503.1200 Fax 415.508.1811	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	CORE & DRILL	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name CAL CON PUMPING, LLC Address 1 AVE OF THE PALMS STE 212 City State ZIP SAN FRANCISCO CA 94130	Phone 415.401.9838 Fax 415.401.7664	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	FURNISH CONCRETE AND CONCRETE PUMPING FURNISH PUMP AND PLACE CONCRETE	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name ACK BLASS AND DOORS Address 8124 CAPWELL DRIVE City State ZIP OAKLAND CA 94621	Phone 510.430.2977 Fax 510.430.2885	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	GLAZING AND CURTAIN WALLS	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name HILLSIDE DRILLING, INC Address 529 JOUTH 11TH ST City State ZIP RICHMOND CA 94804	Phone 510.234.4512 Fax 510.234.3131	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million	SHORING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use DBE (Certified DBE?) YES NO IF YES, IS DBE # Age of Firm (Yrs.)
Name RUPERT CONSTRUCTION SUPPLY Address 12405 GOLD FLAKE CT City State ZIP Macon GA 31204	Phone 925.229.5577 Fax 916.673.9737	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		SUPPLY STRUCTURAL MATERIALS (BRICK), HS ROADS, BRIDGES, AND EPOXY	YES NO IF YES, IS DBE # Age of Firm (Yrs.)
Name S KWOR ENGINEERS INC Address 1815 CORNELL DR City State ZIP Macon GA 31204	Phone 510.220.9017 Fax 838.733.1366	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		SWEEP AND GGP SUPPORT	YES NO IF YES, IS DBE # Age of Firm (Yrs.)
Name KONDMAY CONSTRUCTION, INC Address 1 MARKET PLACE STEAK HOUSE #3600 City State ZIP San Francisco CA 94105	Phone 925.575.1342 Fax —	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		ASPHALT PAVING & MINOR CONCRETE	YES NO IF YES, IS DBE # Age of Firm (Yrs.)
Name PERKINS BUILDERS Address 1725 EVANS AVE STE B City State ZIP San Francisco, CA 94124	Phone 415.935.9596 Fax 415.647.1542	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		BUILDING BREAK ROOMS	YES NO IF YES, IS DBE # Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE/Non-DBE) YES NO If YES list DBE #
Name BURNHAM FIRE PROTECTION INC Address 3782 CAMPUS DR #172 City State ZIP SAN MATEO CA 94403	Phone 415.699.2307 Fax —	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FIRE SUPPRESSION	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name QUINCY FENCE, INC. Address 2903 BUCKLEY RD City State ZIP 16074 CLARK CA 95050	Phone 408.727.3811 Fax 408.727.2690	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name FD THOMAS INC. Address 5301 ACCLINE ST. City State ZIP OAKLAND CA 94608	Phone 415.242.1164 Fax 415.329.2299	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		FIRE CADING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name GERDAU REINFORCEMENT STEEL Address 1060 FORTER RD. City State ZIP MARIANA CA 94558	Phone 707.863.3933 Fax 707.759.1522	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		REBAR	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
					Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part I

The bidder shall list all subcontractors (both DBE and non-DBE) in accordance with Section 2-1.054 of the Standard Specifications and per Title 49, Section 26.11 of the Code of Federal Regulations. This listing is required in addition to listing DBE Subcontractors elsewhere in the proposal. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE?) YES NO If YES list DBE #
Name BOEL FENCE Address 50 CARPENTER ST City State ZIP LIVERMORE CA 94517	Phone 925 488 9620 Fax 925 461 1446	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FENCE	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name BROCKA CONSTRUCTION INC Address 9855 ENTERPRISE ST. City State ZIP FREMONT CA 94538	Phone 510 657 3686 Fax 510 657 3688	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		ELECTRICAL AND COMMUNICATION	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #
Name Address City State ZIP	Phone Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Assistance Use (Certified DBE) YES NO If YES list DBE #
325 Evans Ave, Suite B City State ZIP	Phone (415) 925-9546 Fax (415) 647-1542	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Break Rooms	YES NO If YES list DBE #
325 Evans Ave, Suite B City State ZIP	Phone (707) 746-1233 Fax (707) 751-3962	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Breakroom - Parking	YES NO If YES list DBE #
325 Evans Ave, Suite B City State ZIP	Phone (408) 727-3811 Fax (408) 727-2690	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FEARCE	YES NO If YES list DBE #
325 Evans Ave, Suite B City State ZIP	Phone (415) 401-9838 Fax (415) 401-7664	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		CONCRETE PUMPING	YES NO If YES list DBE #

Distribution: 1) Original - Local Agency File

Part II

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use Only (Certified DBE #)
Name <u>Hand E Concrete Inc.</u> Address <u>079 Sunrise Ave Ste B355</u> City/State/ZIP <u>Oakville CA 95661</u>	Phone (916) <u>539-6652</u> Fax (866) <u>878-2769</u>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>CONCRETE PUMPING</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name <u>Pearl</u> Address <u>Old Kaiser Rd.</u> City/State/ZIP <u>Laguna CA 94558</u>	Phone (707) <u>863-3933</u> Fax (707) <u>759-1522</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		<u>PEARL</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name <u>Hernandez Engineering</u> Address <u>50 Rancho Street</u> City/State/ZIP <u>San Francisco, CA 94124</u>	Phone (415) <u>824-4731</u> Fax (415) <u>824-4696</u>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>MATFLE CONTRACT</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name <u>Bee Electric, Inc.</u> Address <u>137 Copwell Drive</u> City/State/ZIP <u>Oakland CA 94621</u>	Phone (510) <u>635-1477</u> Fax (510) <u>635-1478</u>	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>ELECTRICAL</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)

Part II

Firm Name/ address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Last Annual Use ONLY (as DBE)
Blocka Construction Inc. address 1455 Enterprise Street City State ZIP 94538 CA 94538	Phone (650) 657-3686 Fax (650) 657-3688	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		ELECTRICAL	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
I x ARD Technologies Corp. address 331 Bayshore Highway City State ZIP Redwood City, CA 94061	Phone (650) 777-4324 Fax (650) 777-4326	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		MUNICIPAL GPE	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
KMA Group address 130 Archer Street City State ZIP Redwood City, CA 94113	Phone (408) 362-4920 Fax (408) 362-4926	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input checked="" type="checkbox"/> > \$15 million		quantity controls	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Rupert Construction South address Park Drive Ste 207 City State ZIP Redwood Hills CA 95762	Phone (925) 229-5577 Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		MATERIAL SUPPLIER	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)

Part II

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Only (Certified DBE #)	Average Use
Name <u>Sky Line Contracting & Scaffolding Inc.</u> Address <u>701 Cesar Chavez St.</u> City State ZIP <u>San Francisco CA 94124</u>	Phone (415) <u>588-7500</u> Fax (415) <u>508</u> <u>-1811</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>COPIED</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)	
Name <u>Bay Area Scaffold Inc.</u> Address <u>22340 Thurlow Rd The</u> City State ZIP <u>Hawthorne, CA 94545</u>	Phone (510) <u>276-4211</u> Fax (510) <u>276-92K</u>	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>SCAFFOLDING</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)	
Name <u>Wilco Consulting Group (TIG)</u> Address <u>650 W. Lincoln St. Suite A</u> City State ZIP <u>San Jose CA 95120</u>	Phone (707) <u>693-1926</u> Fax (707) <u>471-0318</u>	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>SWPPP</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)	
Name <u>John Engineering, Inc.</u> Address <u>32 W. Soledad Drive</u> City State ZIP <u>Woodland, CA 95695</u>	Phone (916) <u>599-2379</u> Fax (916) <u>596-4075</u>	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		<u>SWPPP</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)	

Part II

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local, Against Use Only (Getting DBE?)
Name 43 Trucking, Inc. Address 1777 Roland Way City State ZIP Oakland, CA 94612	Phone (510) 383-3566 Fax (510) 383-2917	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name S Trucking Inc. Address 734 W. Clinton Ave. City State ZIP Hayward CA 94545	Phone (510) 266-5213 Fax (510) 266-5245	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input checked="" type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name Fifteen Trucking, Inc. Address 160 Caraway Suite 304 City State ZIP Fremont, CA 94124	Phone (415) 552-1818 Fax (415) 552-3130	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)
Name Northern Truck Equipment Address P.O. Box 55314 City State ZIP Hayward CA 94549	Phone (510) 889-7828 Fax (510) 889-7858	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE # Age of Firm (Yrs.)

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use DBE (Certified DBE) YES NO If YES, Is DBE #
Firm Name: Valley Water Trucks Address: 4520 D. Vicksburg Rd Suite 358 City State ZIP: Livermore, CA 94551	Phone (925) 373-0633 Fax (925) 373-0613	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRUCKING	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Age of Firm (Yrs.)
Firm Name: A.D. McNeil & Erectors, Inc. Address: 61 Leverage Road #5 City State ZIP: Pittsburg, CA 94565	Phone 925. 432. 4100 Fax 925. 432. 4121	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		CRIPPING MODIFICATIONS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Age of Firm (Yrs.)
Firm Name: K&D SOLUTIONS INTERNATIONAL Address: 30 Rox 927 City State ZIP: 94574 CA 92085	Phone 760.759.9747 Fax 760.758.3969	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		ROAD MENDING, ROAD SPIKE, HARDWARE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Age of Firm (Yrs.)
Firm Name: TBS INC. LMS, INC. Address: 1526 GREENWATER CT. City State ZIP: RICHMOND, CA 94545	Phone 510.887.8784 Fax 510.259.1068	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		QUALITY CONTROL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE/Non-DBE) YES/NO If YES, DBE #
name OLIVERIA FENCE, INC. address 93 BROOKLYN RD. City State ZIP MARTIN CEMEX CA 95050	Phone 408.727.3811 Fax 408.727.2690	<input type="checkbox"/> < \$1 million <input checked="" type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		CHAINLINK FENCE & GATES	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, DBE #
name CMC TRAFFIC CONTROL SPECIALISTS address 3450 3RD ST, Suite 36 City State ZIP SAN FRANCISCO, CA 94124	Phone 415-206-1700 Fax 415-206-1711	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		TRAFFIC CONTROL	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, DBE # Age of Firm (Yrs.)
name (R66) HSS Concrete Technologies address 140 West MASTERT PARK WAY City State ZIP VCSOM, AZ, 85705	Phone 520-322-0610 Fax 520-322-0453	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		FRP CASINO	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, DBE # Age of Firm (Yrs.)
name EVERADER FENCE Co. address 30 BEVICIA ROAD City State ZIP MADERO CA 94541	Phone 707-656-6101 Fax 707-205-1005	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input checked="" type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		CHAIN LINK FENCE & GATE	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, DBE # Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

Exhibit 12-B Bidder's List of Subcontractors (DBE and Non-DBE)

Part II

The bidder shall list all subcontractors who provided a quote or bid but were not selected to participate as a subcontractor on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

Firm Name/ Address/ City, State, ZIP	Phone/ Fax	Annual Receipts	Gross	Description of Portion of Work to be Performed	Local Agency Use (DBE or Non-DBE) YES NO If YES list DBE #	Age of Firm (Yrs.)
Verde Fire Protection Inc 822 Campus Drive #172 Verde, CA 94403	Phone 415-699-2307 Fax 415-449-3439	<input checked="" type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million		Fire Suppression Breakroom R28	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Phone	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)
	Fax	<input type="checkbox"/> < \$1 million <input type="checkbox"/> < \$5 million <input type="checkbox"/> < \$10 million <input type="checkbox"/> < \$15 million <input type="checkbox"/> > \$15 million			<input type="checkbox"/> YES <input type="checkbox"/> NO If YES list DBE #	Age of Firm (Yrs.)

Distribution: 1) Original - Local Agency File

EXHIBIT 15-G
LOCAL AGENCY BIDDER DBE COMMITMENT

EXHIBIT 15-G CONSTRUCTION CONTRACT DBE COMMITMENT

1. Local Agency: BART 2. Contract DBE Goal: 12%
 3. Project Description: BART Earthquake Safety Program Fruitvale Station and Coliseum Station.
 4. Project Location: Oakland, California
 5. Bidder's Name: Brosamer & Wall, Inc. 6. Prime Certified DBE: ☐ 7. Bid Amount: _____
 8. Total Dollar Amount for ALL Subcontractors: _____ 9. Total Number of ALL Subcontractors: _____

10. Bid Item Number	11. Description of Work, Service, or Materials Supplied	12. DBE Certification Number	13. DBE Contact Information (Must be certified on the date bids are opened)	14. DBE Dollar Amount
13-15 PARTIAL, 16 PARTIAL, 19 PARTIAL	CORE & DRILL	21117	DAYLINE CUTTING & CORING INC 501 CESAR CHAVEZ ST STE 101B SF, CA 94124 415.508.1800	167,000. ⁰⁰
12 (P), 13 (P)	CONCRETE PUMPING <i>aka</i> FURNISH PUMP AND PLACE CONCRETE	36919	CAL-CON PUMPING, LLC 1 AVENUE OF THE PALMS STE 212 SF, CA 94130 415 401 9838	521,000. ⁰⁰
23 (P)	GLAZING AND CURTAIN WALLS	39834	ACR GLASS AND DOORS 8124 CARMEL DRIVE OAKLAND, CA 94621 510.430.2977	328,000. ⁰⁰

Local Agency to Complete this Section		15. TOTAL CLAIMED DBE PARTICIPATION (Please see last page) %	
21. Local Agency Contract Number: _____ 22. Federal Aid Project Number: _____ 23. Bid Opening Date: _____ 24. Contract Award Date: _____ Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.		IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective item(s) of work listed above must be consistent, where applicable with the names and items of the work in the "Subcontractor List" submitted with your bid. Written confirmation of each listed DBE is required.	
25. Local Agency Representative's Signature	26. Date	16. Preparer's Signature	17. Date
27. Local Agency Representative's Name	28. Phone	Robert G. Brosamer	5/17/16
29. Local Agency Representative's Title		18. Preparer's Name	925.932.7900
		President	19. Phone
		20. Preparer's Title	

DISTRIBUTION: 1. Original - Local Agency
 2. Copy - Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract. Include additional copy with award package.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

EXHIBIT 15-G CONSTRUCTION CONTRACT DBE COMMITMENT

1. Local Agency: BART 2. Contract DBE Goal: 12%

3. Project Description: BART Earthquake Safety Program Fruitvale Station and Coliseum Station.

4. Project Location: Oakland, California

5. Bidder's Name: Brosamer & Wall, Inc. 6. Prime Certified DBE: ☐ 7. Bid Amount: _____

8. Total Dollar Amount for ALL Subcontractors: _____ 9. Total Number of ALL Subcontractors: _____


10. Bid Item Number	11. Description of Work, Service, or Materials Supplied	12. DBE Certification Number	13. DBE Contact Information (Must be certified on the date bids are opened)	14. DBE Dollar Amount
	SHORTING	42048	HILLSIDE DRILLING, INC. 529 S. 11TH STREET RICHMOND, CA 94804 510,239,6532	
VARIOUS, 11, 13-17, ALL PARTS 11(P), 13-17(P), 19(P)	RODS-MS, EPOXY, GRANT, SUPPLY STRUCTURAL MATERIALS (PARTIAL)	32785	RUPERT CONSTRUCTION SUPPLY 12405 GOLD FLAKE CT. 925, RANCHO CORDOVA, CA 95741 229,5571 \$167,000 @ 60% = \$100,200	100,200.00
1(P)	S KWOK ENGINEERS, INC. SWPPP AND QSP SUPPORT	37060	S KWOK ENGINEERS, INC. 1815 CORNELL DR ALAMEDA CA 94501 510,220,9017	60,200.00
Local Agency to Complete this Section			15. TOTAL CLAIMED DBE PARTICIPATION (Please see last page) %	
21. Local Agency Contract Number: _____			<p>IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective item(s) of work listed above must be consistent, where applicable with the names and items of the work in the "Subcontractor List" submitted with your bid. Written confirmation of each listed DBE is required.</p> <p><i>Robert G. Brosamer</i> 5/17/16 16. Preparer's Signature 17. Date</p> <p>Robert G. Brosamer 925.932.7900 18. Preparer's Name 19. Phone</p> <p>President 20. Preparer's Title</p>	
22. Federal Aid Project Number: _____				
23. Bid Opening Date: _____				
24. Contract Award Date: _____				
Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.				
25. Local Agency Representative's Signature		26. Date		
27. Local Agency Representative's Name		28. Phone		
29. Local Agency Representative's Title				

DISTRIBUTION: 1. Original - Local Agency
2. Copy - Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract. Include additional copy with award package.

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EXHIBIT 15-G CONSTRUCTION CONTRACT DBE COMMITMENT

1. Local Agency: BART 2. Contract DBE Goal: 12%
 3. Project Description: BART Earthquake Safety Program Fruitvale Station and Coliseum Station.
 4. Project Location: Oakland, California
 5. Bidder's Name: Brosamer & Wall, Inc. 6. Prime Certified DBE: ☐ 7. Bid Amount: _____
 8. Total Dollar Amount for ALL Subcontractors: _____ 9. Total Number of ALL Subcontractors: _____

10. Bid Item Number	11. Description of Work, Service, or Materials Supplied	12. DBE Certification Number	13. DBE Contact Information (Must be certified on the date bids are opened)	14. DBE Dollar Amount
31(P), 32(P), 33(P)	ASPHALT PAVING AND MINOR CURB/EDGE	38496	ROADWAY CONSTRUCTION, INC. 1 MARKET TOWER SQUARE PLAZA STE 3600 SF, CA 94108 925.575.1342	277,000.00
1(P), 35(P), 36(P)	FENCE	11886	BORG FENCE 30 CONTRACTOR ST LIVERMORE CA 94551 925.445.9620	177,245.00
Local Agency to Complete this Section				\$
21. Local Agency Contract Number: _____				15. TOTAL CLAIMED DBE PARTICIPATION (Please see last page) %
22. Federal-Aid Project Number: _____				
23. Bid Opening Date: _____				
24. Contract Award Date: _____				
Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.				
25. Local Agency Representative's Signature		26. Date		IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective item(s) of work listed above must be consistent, where applicable with the names and items of the work in the "Subcontractor List" submitted with your bid. Written confirmation of each listed DBE is required.  5/17/16 16. Preparer's Signature Robert G. Brosamer 925.932.7900 18. Preparer's Name President 20. Preparer's Title
27. Local Agency Representative's Name		28. Phone		
29. Local Agency Representative's Title				

DISTRIBUTION: 1. Original - Local Agency
 2. Copy - Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract. Include additional copy with award package.

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EXHIBIT 15-G CONSTRUCTION CONTRACT DBE COMMITMENT

1. Local Agency: BART 2. Contract DBE Goal: 12%
3. Project Description: BART Earthquake Safety Program Fruitvale Station and Coliseum Station.
4. Project Location: Oakland, California LESS ALLOWANCES = \$12,958,000.00
5. Bidder's Name: Brosamer & Wall, Inc. 6. Prime Certified DBE: ☐ 7. Bid Amount: 14,528,000.00
8. Total Dollar Amount for ALL Subcontractors: 3,790,000.00 9. Total Number of ALL Subcontractors: 15

10. Bid Item Number	11. Description of Work, Service, or Materials Supplied	12. DBE Certification Number	13. DBE Contact Information (Must be certified on the date bids are opened)	14. DBE Dollar Amount

Local Agency to Complete this Section

21. Local Agency Contract Number: _____
22. Federal-Aid Project Number: _____
23. Bid Opening Date: _____
24. Contract Award Date: _____

Local Agency certifies that all DBE certifications are valid and information on this form is complete and accurate.

25. Local Agency Representative's Signature _____ 26. Date _____
27. Local Agency Representative's Name _____ 28. Phone _____
29. Local Agency Representative's Title _____

15. TOTAL CLAIMED DBE PARTICIPATION

\$ 1,630,645.00

12.58 %

IMPORTANT: Identify all DBE firms being claimed for credit, regardless of tier. Names of the First Tier DBE Subcontractors and their respective item(s) of work listed above must be consistent, where applicable with the names and items of the work in the "Subcontractor List" submitted with your bid. Written confirmation of each listed DBE is required.

16. Preparer's Signature Robert G. Brosamer 17. Date 5/17/16
18. Preparer's Name Robert G. Brosamer 19. Phone 925.932.7900
20. Preparer's Title President

DISTRIBUTION: 1. Original - Local Agency
2. Copy - Caltrans District Local Assistance Engineer (DLAE). Failure to submit to DLAE within 30 days of contract execution may result in de-obligation of federal funds on contract. Include additional copy with award package.

ADA Notice: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

INSTRUCTIONS – CONSTRUCTION CONTRACT DBE COMMITMENT**CONTRACTOR SECTION**

1. **Local Agency** - Enter the name of the local or regional agency that is funding the contract.
2. **Contract DBE Goal** - Enter the contract DBE goal percentage as it appears on the project advertisement.
3. **Project Location** - Enter the project location as it appears on the project advertisement.
4. **Project Description** - Enter the project description as it appears on the project advertisement (Bridge Rehab, Seismic Rehab, Overlay, Widening, etc).
5. **Bidder's Name** - Enter the contractor's firm name.
6. **Prime Certified DBE** - Check box if prime contractor is a certified DBE.
7. **Bid Amount** - Enter the total contract bid dollar amount for the prime contractor.
8. **Total Dollar Amount for ALL Subcontractors** - Enter the total dollar amount for all subcontracted contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime contractor information in this count.
9. **Total number of ALL subcontractors** - Enter the total number of all subcontracted contractors. SUM = (DBEs + all Non-DBEs). Do not include the prime contractor information in this count.
10. **Bid Item Number** - Enter bid item number for work, services, or materials supplied to be provided.
11. **Description of Work, Services, or Materials Supplied** - Enter description of work, services, or materials to be provided. Indicate all work to be performed by DBEs including work performed by the prime contractor's own forces, if the prime is a DBE. If 100% of the item is not to be performed or furnished by the DBE, describe the exact portion to be performed or furnished by the DBE. See LAPM Chapter 9 to determine how to count the participation of DBE firms.*
12. **DBE Certification Number** - Enter the DBE's Certification Identification Number. All DBEs must be certified on the date bids are opened.
13. **DBE Contact Information** - Enter the name, address, and phone number of all DBE subcontracted contractors. Also, enter the prime contractor's name and phone number, if the prime is a DBE.
14. **DBE Dollar Amount** - Enter the subcontracted dollar amount of the work to be performed or service to be provided. Include the prime contractor if the prime is a DBE. See LAPM Chapter 9 for how to count full/partial participation.*
15. **Total Claimed DBE Participation - \$:** Enter the total dollar amounts entered in the "DBE Dollar Amount" column. **%:** Enter the total DBE participation claimed ("Total Claimed DBE Participation Dollars" divided by item "Bid Amount"). If the total % claimed is less than item "Contract DBE Goal," an adequately documented Good Faith Effort (GFE) is required (see Exhibit 15-H DBE Information - Good Faith Efforts of the LAPM).*
16. **Preparer's Signature** - The person completing the DBE commitment form on behalf of the contractor's firm must sign their name.
17. **Date** - Enter the date the DBE commitment form is signed by the contractor's preparer.
18. **Preparer's Name** - Enter the name of the person preparing and signing the contractor's DBE commitment form.
19. **Phone** - Enter the area code and phone number of the person signing the contractor's DBE commitment form.
20. **Preparer's Title** - Enter the position/title of the person signing the contractor's DBE commitment form.

LOCAL AGENCY SECTION

21. **Local Agency Contract Number** - Enter the Local Agency contract number or identifier.
22. **Federal-Aid Project Number** - Enter the Federal-Aid Project Number.
23. **Bid Opening Date** - Enter the date contract bids were opened.
24. **Contract Award Date** - Enter the date the contract was executed.
25. **Local Agency Representative's Signature** - The person completing this section of the form for the Local Agency must sign their name to certify that the information in this and the Contractor Section of this form is complete and accurate.
26. **Date** - Enter the date the DBE commitment form is signed by the Local Agency Representative.
27. **Local Agency Representative's Name** - Enter the name of the Local Agency Representative certifying the contractor's DBE commitment form.
28. **Phone** - Enter the area code and phone number of the person signing the contractor's DBE commitment form.
29. **Local Agency Representative Title** - Enter the position/title of the Local Agency Representative certifying the contractor's DBE commitment form.

*In place of the Local Assistance Procedures Manual (LAPM) Chapter 9, See Supplementary Conditions, Article SC.7 Compliance and Liability

EXHIBIT 15-H
DBE INFORMATION – GOOD FAITH EFFORTS

-- WILL BE TURNED IN WITH-IN THE ALLOTTED TIME --

EXHIBIT 15-H DBE INFORMATION —GOOD FAITH EFFORTS
DBE INFORMATION - GOOD FAITH EFFORTS

Federal-aid Project No. _____ Bid Opening Date _____

The _____ (City/County of) _____ established a Disadvantaged Business Enterprise (DBE) goal of _____% for this Contract. The information provided herein shows that a good faith effort was made.

Lowest, second lowest and third lowest Bidders shall submit the following information to document adequate good faith efforts. Bidders should submit the following information even if the "Local Agency Bidder DBE Commitment" form indicates that the Bidder has met the DBE goal. This will protect the Bidder's eligibility for award of the Contract if the administering agency determines that the Bidder failed to meet the goal for various reasons, e.g., a DBE firm was not certified at bid opening, or the Bidder made a mathematical error.

Submittal of only the "Local Agency Bidder DBE Commitment" form may not provide sufficient documentation to demonstrate that adequate good faith efforts were made.

The following items are listed in the Section entitled "Submission of DBE Commitment" of the¹ Special Provisions:

- A. The names and dates of each publication in which a request for DBE participation for this Contract was placed by the bidder (please attach copies of advertisements or proofs of publication):

Publications	Dates of Advertisement

- B. The names and dates of written notices sent to certified DBEs soliciting Bids for this project and the dates and methods used for following up initial solicitations to determine with certainty whether the DBEs were interested (please attach copies of solicitations, telephone records, fax confirmations, etc.):

Names of DBEs Solicited	Date of Initial Solicitation	Follow Up Methods and Dates

¹ In place of Special Provisions, see Supplementary Conditions Article SC7.1.

C. The items of work which the bidder made available to DBE firms including, where appropriate, any breaking down of the contract work items (including those items normally performed by the Bidder with its own forces) into economically feasible units to facilitate DBE participation. It is the Bidder's responsibility to demonstrate that sufficient work to facilitate DBE participation was made available to DBE firms.

D. The names, addresses and phone numbers of rejected DBE firms, the reasons for the Bidder's rejection of the DBEs, the firms selected for that work (please attach copies of quotes from the firms involved), and the price difference for each DBE if the selected firm is not a DBE:

Names, addresses and phone numbers of rejected DBEs and the reasons for the Bidder's rejection of the DBEs:

Names, addresses and phone numbers of firms selected for the work above:

-- WILL BE TURNED IN WITH-IN THE ALLOTTED TIME --

- E. Efforts made to assist interested DBEs in obtaining bonding, lines of credit or insurance, and any technical assistance or information related to the plans, specifications and requirements for the work which was provided to DBEs:

- F. Efforts made to assist interested DBEs in obtaining necessary equipment, supplies, materials or related assistance or services, excluding supplies and equipment the DBE subcontractor purchases or leases from the prime contractor or its affiliate:

- G. The names of agencies, organizations or groups contacted to provide assistance in contacting, recruiting and using DBE firms (please attach copies of requests to agencies and any responses received, i.e., lists, Internet page download, etc.):

Name of Agency/Organization	Method/Date of Contact	Results

- H. Any additional data to support a demonstration of good faith efforts (use additional sheets if necessary):

NOTE: USE ADDITIONAL SHEETS OF PAPER IF NECESSARY.

BIDDERS DBE QUESTIONNAIRE

Is Bidder a DBE? ☐ YES ☒ NO
(See Supplementary Conditions
Article SC7.1.1 for definition of DBE)

CUCP Certified? ☐ YES ☒ NO

If YES, enter Certification Date: (N/A)

Is Bidder a joint venture with DBE partners? ² ☐ YES ☒ NO

If YES, are Joint Venture Forms attached ☐ YES ☒ NO

Percent (%) of DBE Participation in Joint Venture (N/A)%

Age of Firm: (N/A)

Annual Gross Receipts as of last Tax Year: \$ (N/A)

²

If the Bidder is a joint venture, only the portion of the total dollar value of the Contract equal to the distinct, clearly defined portion of the work that is performed solely by the DBE's own forces can be counted towards the DBE goal. If the work is not clearly delineated between the DBE and the joint venture partner, only the portion of the work equal to the DBE's percentage ownership interest in the joint venture will be counted. See Supplementary Conditions Article SC7.1.3D.1

NONCOLLUSION DECLARATION

(To be executed by Bidder and submitted with Bid)

Robert G. Brosamer, declares that he or she is President of Brosamer & Wall, Inc.
(Bidder's Name) (Title) (Company's Name)

the party making the foregoing Bid, that the Bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the Bid is genuine and not collusive or sham; that the Bidder has not directly or indirectly colluded, conspired, connived, or agreed with any Bidder or anyone else to put in a sham Bid, or that anyone shall refrain from Bidding; that the Bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix to the Bid Price of the Bidder or any other bidder, or to fix any overhead, profit, or cost element of the Bid Price, or of that of any other bidder, or to secure any advantage against the public body awarding the Contract of anyone interested in the proposed Contract; that all statements contained in the Bid are true; and, further, that the Bidder has not, directly or indirectly, submitted its Bid Price or any breakdown thereof, or paid, and will not pay, any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I certify (or declare) under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Date: May 17, 2016

Robert G. Brosamer

Name of Bidder


Signature of Bidder

Robert G. Brosamer

President - Brosamer & Wall, Inc

(Attention is directed to General Conditions Article GC7.1.2, Fair Employment Practices.)

FAIR EMPLOYMENT PRACTICES CERTIFICATION

TO THE SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT

The undersigned in submitting a Bid for performing the following work by Contract, hereby certifies that it has or will meet the standards of affirmative compliance with the Fair Employment Practices Requirements of the Contract.

CONTRACT NO. 15PJ-130A

BART EARTHQUAKE SAFETY PROGRAM FRUITVALE STATION AND COLISEUM STATION

Brosamer & Wall, Inc.

Name of Bidder

By: 

Signature of Bidder

Robert G. Brosamer, President

Print Name and Title of Person Signing

1777 Oakland Blvd., Suite 300, Walnut Creek, CA 94596

Business Address

Alamo, California

Place of Residence

(Applicable to Contractors and Subcontractors of any tier seeking a Subcontract exceeding \$25,000.
Bidder's attention is directed to Article XI of FHWA Form 1273)

DEBARMENT AND SUSPENSION CERTIFICATION

Title 49, Code of Federal Regulations, Part 19

The Bidder, under penalty of perjury, certifies that, except as noted below, he/she or any other person associated therewith in the capacity of owner, partner, director, officer, and manager:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any Federal agency;
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal agency within the past 3 years;
- Does not have a proposed debarment pending; and
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of Award, but will be considered in determining Bidder responsibility. For any exception noted above, indicate below to who it applies, initiating agency, and dates of action.

Date: May 17, 2016

Brosamer & Wall, Inc.

Name of Firm

By:


Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

Note: Providing false information may result in criminal prosecution or administrative sanctions.

(Bidder's attention is directed to Paragraph 8.1 of the Instructions to Bidders and Article XII of FHWA Form 1273. The Certification shall be executed by the Bidder and by applicable Subcontractors or sub-suppliers of any tier receiving an amount in excess of \$100,000 and submitted by the Bidder either with the Bid or within the time frame specified in the Instructions to Bidders or before commencement of Subcontract work, as specified in the Instructions to Bidders.)

NONLOBBYING CERTIFICATION
FOR FEDERAL-AID CONTRACTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of a Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the Award documents for all sub-awards at all tiers (including Subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Brosamer & Wall, Inc.

Name of Firm

By:

Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

(Bidder's attention is directed to Paragraph 8.1 of the Instructions to Bidders and Article XII of FHWA Form 1273. The Certification shall be executed by the Bidder and by applicable Subcontractors or sub-suppliers of any tier receiving an amount in excess of \$100,000 and submitted by the Bidder either with the Bid or within the time frame specified in the Instructions to Bidders or before commencement of Subcontract work, as specified in the Instructions to Bidders.)

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- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the Award documents for all sub-awards at all tiers (including Subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance is placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Brosamer & Wall, Inc.

By: Robert G. Brosamer
Name of Firm
Signature

Robert G. Brosamer, President

Print Name and Title of Person Signing

SAN FRANCISCO BAY AREA RAPID TRANSIT DISTRICT
CERTIFICATION REGARDING FINANCIAL CONTRIBUTIONS

(Submit with Bid)

Certification to be executed by Bidder and each proposed first-tier Subcontractor or subsupplier whose Subcontract exceeds \$100,000. Make additional copies of the Certification as necessary.

Bidder must use its best efforts to collect the Certification from each first-tier Subcontractor or subsupplier whose Subcontract exceeds \$100,000 and to submit such Certifications along with its own to the District on the Bid date.

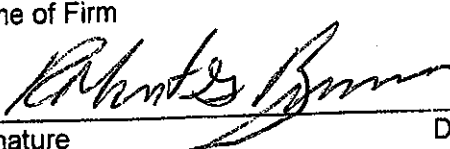
Bidder is advised that all Certifications must be submitted on the Bid date unless there is reasonable cause for delay; however, Bidder is cautioned that unless all Certifications are submitted within five (5) Days after the date Bids are due, the Bid may be considered non-responsive. See Instructions to Bidders for submitting Certifications after the Bid due date.

The undersigned certifies that:

1. It will not make any monetary or in-kind contribution (including loans) to any BART Director, or any candidate for Director, in excess of \$1,000 from the date Bids are opened by the District until Award of the Contract.
2. It understands that the term "contribution" shall have the same meaning as defined in California Government Code Section 82015 and implementing regulations adopted by the Fair Political Practices Commission.
3. If Bidder is awarded the Contract, the undersigned shall continue to comply with this prohibition for three (3) months following Award of the Contract.

Brosamer & Wall, Inc.

Name of Firm

 5/17/16

Signature

Date

Robert G. Brosamer, President

Print Name and Title of Person Signing

EQUAL EMPLOYMENT OPPORTUNITY CERTIFICATION
(SUBMIT WITH BID)

The Bidder / proposed Subcontractor Brosamer & Wall, Inc.
hereby certifies that it has _____, has not X, participated in a previous contract or subcontract subject to the equal opportunity clauses, as required by Executive Orders 10925, 11114, or 11246, and that, where required, he has filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance, a Federal Government contracting or administering agency, or the former President's Committee on Equal Employment Opportunity, all reports due under the applicable filing requirements.

Brosamer & Wall, Inc.

Name of Firm


Signature

Robert G. Brosamer, President
Print Name and Title of Person Signing

Note: The above certification is required by the Equal Employment Opportunity Regulations of the Secretary of Labor (41 CFR 60-1.7(b)(1)), and must be submitted by Bidders and proposed Subcontractors only in connection with contracts and subcontracts, which are subject to the equal opportunity clause. Contracts and Subcontracts which are exempt from the equal opportunity clause are set forth in 41 CFR 60-1.5. (Generally only contracts or subcontracts of \$10,000 or under are exempt.)

Currently, Standard Form 100 (EEO-1) is the only report required by the Executive Orders or their implementing regulations.

Proposed prime Contractors and Subcontractors who have participated in a previous contract or subcontract subject to Executive Orders and have not filed the required reports should note that 41 CFR 60-1.7(b)(1) prevents the award of contracts and subcontracts unless such Contractor submits a report covering the delinquent period or such other period specified by the Federal Highway Administration or by the Director, Office of Federal Contract Compliance, U.S. Department of Labor.